

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		2		1			54				
5		2		1			55				
6		2		1			56				
7	1		1				57				
8		1		1			58				
9	1		1				59				
10	1		1				60				
11		1		1			61				
12		1		1			62				
13		1		1			63				
14		4		1			64				
15		①		1			65				
16		⑦		1			66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21							71				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			4				TOTAL IND.				
TOTAL DEP.			16				TOTAL DEP.				
TOTAL CLAIMS			20				TOTAL CLAIMS				